

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION -Utility or Design Patent Application

Direct all correspondence to: Customer Number OR Correspondence address below  
or Bar Code Label

Name **Robert A. Green, Esq.**

Address: **17 Hampton Drive**

City: **Marlboro** State: **NJ** ZIP: **07746**

Country: **USA**

Telephone: **(732) 972-3668**

Fax: **(732) 972-0368**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**

A petition has been filed for this unsigned inventor  
(first and middle [if any])

Given **Xudong**

Family Name or Surname **Dai**

Inventor's  
Signature

Date

**08/30/2001**

Residence: **4819 Grove Street, 1E** City: **Skokie** State: **IL** Country: **USA** Citizenship:  
**China**

**Mailing Address**

**4819 Grove Street, 1 E**  
City **Skokie** State **IL** ZIP **60067** Country **USA**

**NAME OF SECOND INVENTOR:**

Given Name **Tong**

Family Name **Fang**

(first and middle [if any])

or Surname

Inventor's  
Signature

Date

**09/01/2001**

Residence: City  
**Old Bridge**

State  
**NJ**

Country  
**USA**

Citizenship  
**China**

Mailing Address

**322 Maple View Drive**

city

State  
**NJ**

ZIP  
**08557**

Country  
**USA**

**Old Bridge**

Additional inventors are being named on the supplemental Additional Inventor (s) sheet (s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box

PTO/SFW02A (11-00) +

Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no fee is required to file a petition for information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1\_ of 1\_

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned Inventor

Given Name (first and middle pr any)

Family Name w Surname

**WEI**

**XIONG**

Signature of Inventor

Date

9/3

2001

**9 BAYBERRY CLOSE, PISCATAWAY. NJ 08854 CITIZEN OF CHINA**

Mailing Address

Mailing SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Wellington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid  
OMB control number

STATEMENT CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) & 1.27(b)) INDEPENDENT  
INVENTOR

Docket Number (Optional)

Applicant, Patentee, or identifier: **Xudong Dai, Tong Fang and Wei Xiong**

Application or Patent No.:

Filed or Issued:

Title: **Method and System for Gene Expression Profiling Analysis Utilizing Frequency Domain Transformation**

As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

☒ the specification filed herewith with title as listed above.

☐ the application identified above.

☐ the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below.

☒ No such person, concern, or organization exists.

☐ Each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern, organization, having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue date or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

**Xudong Dai**

NAME OF INVENTOR

Signature of the inventor

Date

**Tong Fang**

NAME OF INVENTOR

Date

Signature of the inventor

**Wei Xiong**

NAME OF INVENTOR

Signature of inventor

Date

SEND FEES OR COMPLETED FORMS TO Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box

+ \_

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	^
Filing Date	
First Named Inventor	XUDONG DAI
Title	METHOD & SYSTEM FOR GENE EXPRESSION PROFILING UTILIZING FREQUENCY DOMAIN TRANSFORMATION
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

Practitioners or Customer Number

Practitioner(s) named below:

Name	Registration Number
ABRAHAM WILSON	27018
ROBERT A. GREEN	17,280

As my attorney(s) or agent(s) to prosecute the application identified above,  
and to transact all business  
in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:  
The above-mentioned Customer Number.

OR		Place Customer Number Bar Code Label here
	Practitioners or Customer Number	
OR		

**IX** Firm or I Individual Name **ROBERT A. GREEN**  
**ATTORNEY AT LAW**

Address 17 HAMPTON DRIVE

Address

City MARLBORO State NJ

Zip 07746

Country USA

Telephone 732-972-3668

Fax 732-972-0368

I am the: **IX** Applicant/Inventor. **XUDONG DAI, FANG TONG, WEI XIONG**

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name XUDONG DAI

Signature

Date

08/30/2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

D - Total of THREE forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box

+ \_

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	^
Filing Date	
First Named Inventor	XUDONG DAI
Title	METHOD & SYSTEM FOR GENE EXPRESSION PROFILING UTILIZING FREQUENCY DOMAIN TRANSFORMATION
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

Practitioners or Customer Number

Practitioner(s) named below:

Name	Registration Number
ABRAHAM WILSON	27018
ROBERT A. GREEN	17,280

As my attorney(s) or agent(s) to prosecute the application identified above,  
and to transact all business  
in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:  
The above-mentioned Customer Number.

OR		Place Customer Number Bar Code Label here
	Practitioners at Customer Number ^	
OR		

**IX** Firm or Individual Name **ROBERT A. GREEN**  
**ATTORNEY AT LAW**

Address **17 HAMPTON DRIVE**

Address

City **MARLBORO** State **NJ**

Zip **07746**

Country **USA**

Telephone **732-972-3668**

Fax **732-972-0368**

I am the: **IX** Applicant/Inventor. **XUDONG DAI, TONG FANG, WEI XIONG**

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name **TONG FANG**

Signature

Date

**9/1/2001**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

D - Total of **THREE** forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

— + —

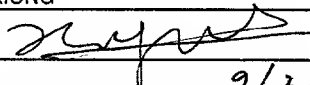
PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	Application Number	^
	Filing Date	
	First Named Inventor	XUDONG DAI
	Title	METHOD & SYSTEM FOR GENE EXPRESSION PROFILING UTILIZING FREQUENCY DOMAIN TRANSFORMATION
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	

I hereby appoint:	
Practitioners or Customer Number	
Practitioner(s) named below:	
Name	Registration Number
ABRAHAM WILSON	27018
ROBERT A. GREEN	17,280
As my attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.	

Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.	
OR	Place Customer Number Bar Code Label here
Practitioner(s) at Customer Number	
OR	

<b>IX</b> Firm or Individual Name <b>ROBERT A. GREEN</b> <b>ATTORNEY AT LAW</b>	
Address 17 HAMPTON DRIVE	
Address	
City MARLBORO	State NJ
Zip 07746	
Country USA	
Telephone 732-972-3668	Fax 732-972-0368
I am the: <input checked="" type="checkbox"/> Applicant/Inventor. XUDONG DAI, FANG TONG, WEI XIONG	
Assignee of record of the entire interest. See 37 CFR 3.71 . Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
<b>SIGNATURE of Applicant or Assignee of Record</b>	
WEI XIONG	
Signature 	
Date 9/3/01	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	
D - Total of THREE forms are submitted.	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.